GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Visit date: 7/31/2020



- · Do not shave the surgical site yourself.
- Take off all jewelry and piercings. And take out contact lenses, if you wear them.

At the hospital or surgery center



- · Bring a picture ID.
- You will be kept comfortable and safe by your anesthesia provider.
 The anesthesia may make you sleep. Or it may just numb the area being worked on.
- The surgery will take 30 minutes to 1 hour.

Going home



- Be sure you have someone to drive you home. Anesthesia and pain medicine make it unsafe for you to drive.
- You will be given more specific instructions about recovering from your surgery. They will cover things like diet, wound care, follow-up care, driving, and getting back to your normal routine.

When should you call your doctor?

- You have questions or concerns.
- You don't understand how to prepare for your surgery.
- You become ill before the surgery (such as fever, flu, or a cold).
- You need to reschedule or have changed your mind about having the surgery.

Where can you learn more?

Go to http://kp.org/health

Enter F046 in the search box to learn more about "Hemorrhoidectomy: Before Your Surgery."

Current as of: November 7, 2018

Content Version: 12.2

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GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB Visit date: 7/31/2020

Encounter-Level Documents:

There are no encounter-level documents.

Order-Level Documents:

There are no order-level documents.

All Flowsheet Data (all recorded)

Encounter Vitals

Row Name	07/31/20 1540	07/31/20 1542
ilino Vitais		
		(I) 136/90 -72
Puise	99 - 10	99
Temp	18○ 98.5 °F (36.9 °C)○	
Temp sic	Oral	_
SpO2	98 % 🕫	
Weight	200 lb (90.7 kg) -JC	·····
Height	5' 7" (1.702 m) 🐠	

Custom Formula Data

Row Name	07/31/20 1540	07/31/20 1542
OTHER		
BSA (System Calculated)	2.0710	
Mean Anerial Pressure (MAP)		105 ್ರ೧
Body Mass	31.32 JC	
ment in the	01.00	
ideal Body Weight (calculated)	61.6 -√0	

Lactation

Row Name 07/31/20 1541	
OTHER	
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User Key

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ovider Ty	pe		Discipi	ine			
	PRACTIC				100000	accompanies (March Co.)	

Initials Name

JC Jeanetter C Crawford Lpn

Effective Dates 05/18/14 -

LICENS NURSE

annonmono.

END OF ENCOUNTER

GWINNETT MEDICAL
OFFICE CENTER
3650 STEVE REYNOLDS
BLVD.
DULUTH GA 30096-4506

GA HIM ROI ALMR

Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/5/2020



GUIDE TO DOCUMENTATION WITHIN THE MEDICAL RECORD

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DOCUMENT FOOTER

- Appears at the bottom of each page
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- Patient name and MRN
- Page number displays

SCANNED DOCUMENTS VIEW

- Encounter Level Documents
- Order-Level Documents
- Patient-Level Documents

ADMISSION DISCHARGE & TRANSFER (ADT) FACESHEET

- Hospital Account Information
- Admission Information
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EMERGENCY DEPARTMENT (ED) AFTER VISIT SUMMARY DIAGNOSIS

After visit summary diagnosis for patient discharged from the Emergency Department

EMERGENCY DEPARTMENT (ED) VISIT DISPOSITION

Patient discharge disposition for patient seen in the Emergency Department

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD. DULUTH GA 30096-4506

GA HIM ROI ALMR

Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/5/2020



EMERGENCY DEPARTMENT (ED) PATIENT INSTRUCTIONS

Instructions provided to patient seen in the Emergency Department

EMERGENCY DEPARTMENT (ED) PROVIDER NOTES

Physician provider notes provided to patient seen in the Emergency Department

HOSPITAL OUTPATIENT VISIT (HOV) PATIENT INSTRUCTIONS

Instructions provided to patient seen in an Outpatient Department

INPATIENT (IP) DISCHARGE SUMMARY NOTES

Discharge summary notes for the encounter

HISTORY & PHYSICAL (H&P) NOTES

History and physical notes for the encounter

TRANSCRIPTION NOTES

· Transcribed notes for the encounter

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Consultation notes for the encounter

PROCEDURE NOTES

Procedure notes for the encounter

PROGRESS NOTES

Progress notes in date order from admission to discharge

INITIAL ASSESSMENT NOTES

Initial assessment notes for the encounter

DISCHARGE PLANNING INITIAL ASSESSMENT NOTES

Discharge planning initial assessment notes for the encounter

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD.

DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/5/2020



OPERATIVE SECTION

- OR surgeon notes
- Anesthesia Pre-op notes
- Anesthesia Post-op notes
- · Multi-Discipline Progress notes

PHYSICIAN ORDERS

· Physician orders for the entire encounter

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· Allergy list with dates for the encounter

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Radiology results for the encounter

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Patient problems for the encounter

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Patient education for the encounter

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Patient multi-disciplinary problems with goals for the encounter

CARE PLAN EVENT LOG

Care plan event log for the encounter

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/5/2020



INPATIENT FLOWSHEET

· Inpatient flowsheets for the encounter

MEDICATION ADMINISTRATION RECORD (MAR)

· Medications ordered and administered for the encounter

IP DISCHARGE INSTRUCTIONS

· Discharge instructions provided to patient

Visit Information				
Date & Time 8/5/2020 9:40 AM	Provider Do Kenyatta Dean V, D.O.	Department Gwinnett Internal Medicine	Dept. Phone 404-365-0966	Enogunter # 130330893
Reason for Call/Visit	***************************************			***************************************
KNEE PAIN				
Encounter Informati	on			
Encounter Informati	on Provider	Department	Encounter#	Center

All ACC Notes

Progress Notes by Do Kenyatta Dean V, D.O. at 8/5/2020 9:45 AM

Version 1 of 1

Author: Do Kenyatta Dean V, D.O. Flied: 8/5/2020 10:03 AM Editor: Do Kenyatta Dean V, D.O. (Physician) Service: — Encounter Date: 8/5/2020 Author Type: Physician Status: Signed

TELEPHONE APPOINTMENT VISIT (TAV) -- 9:45 AM

Kellie L Menefee is a 54 year old female

Reason for TAV: KNEE PAIN

There are no preventive care reminders to display for this patient.

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Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/5/2020

Sex: F

All ACC Notes (continued)

Progress Notes by Do Kenyatta Dean V, D.O. at 8/5/2020 9:45 AM (continued)

Version 1 of 1

Member verified by dob and mrn

PHONE VISIT DOCUMENTATION:

Spoke with Kellie Menefee. She was seen by video ACC on 8/3 for right knee pain after she fell off a barstool onto the knee. Her knee xray showed no fractures. She was told to ice and take ibuprofen. She Also hit right elbow but that is improving. No relief with ibuprofen.

Past Medical History:

Diagnosis	Date
• ANXIETY	1993
DEPRESSION, UNSPECIFIED	1993
· SINUSITIS	1997

Past Surgical History:

Procedure Laterali	ty Date
* CESAREAN SECTION	1983, 1992
 COLONOSCOPY W REMOVAL OF LESION USING SNARE 	5/23/2014
PAST SURGICAL HISTORY, OTHER	2006
sinus surgery	

ASSESSMENT:

Diagnoses considered during this encounter:

Encounter Diagnoses

Code Name

 M25.561 RIGHT KNEE JOINT PAIN

 Z51.89 AFTERCARE FOLLOWING ED VISIT

PLAN:

Orders Placed This Encounter

Procedure

- Referral family practice external.
- · Prednisone 10 mg oral tab

Time spent with patient or guardian over the phone was 15 minutes.

Electronically signed by: Kenyatta V Dean, DO 8/5/2020 9:45 AM

Encounter Messages

No messages in this encounter

Kaiser Permanente

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KAISER PERMANENTE

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD. DULUTH GA 30096-4506 Menefee, Kellie L MRN: 0947578, DOE Visit date: 8/5/2020

GA HIM ROI ALMR Encounter Messages (continued) Questionnaires No completed forms available for this encounter. Diagnosis RIGHT KNEE JOINT PAIN [543930] AFTERCARE FOLLOWING ED VISIT [644976] All Orders and Results No orders and results found Audit Trail for Eye Care Forms Medications the Patient Reported Taking predniSONE (DELTASONE) 10 mg Oral Tab (Taking) Hydrocortisone 2.5 % Top Crea (Taking) Zolpidem (AMBIEN) 10 mg Oral Tab (Taking/Discontinued) ALPRAZolam (XANAX) 1 mg Oral Tab (Taking/Discontinued) levonorgestrel/ethin.estradiol (PORTIA 28) 0.15-0.03 mg Oral Tab (Taking) EPINEPHrine (ADRENACLICK/EPIPEN) 0.3 mg/0.3 mL inj Autoinjector (Taking) Most Recent Medication Comments Vit E 10/09/15 SP Prescriptions Ordered This Encounter Start End Disp Refills 8/5/2020 8/4/2024 predniSONE (DELTASONE) 10 mg Oral Tab 10 0/0 Sig: TAKE 1 TAB PO BID FOR 5 DAYS Route: Oral

Social Documentation as of 8/5/2020

No social documentation on file.

Patient Instructions

Return for Care: Return in about 1 month (around 9/5/2020) for if not improving.

Knee Pain

Your Kaiser Permanente Care Instructions

There are many different causes of knee pain. Lots of knee pain is caused by using your knee too much. If you injured your knee before, or if you are an older adult, you may be developing arthritis in your knee.

After examining you, your doctor or other clinician believes that your knee pain can be treated at home. To be sure that there is not a problem inside the knee joint, your doctor or other clinician may order further tests.

How can you care for yourself at home?

- Take pain medicines exactly as directed.
- If the doctor or other clinician gave you a prescription medicine for pain, take it as prescribed.
- If you are not taking a prescription pain medicine, take an over-the-counter pain medicine such as
 acetaminophen (Tylenol), ibuprofen (Advil, Motrin), or naproxen (Aleve) as needed. Read and follow all
 instructions on the label.
- Rest and protect your knee. Take a break from any activity that may cause pain.
- Put ice or a cold pack on your knee for 10 to 15 minutes at a time. Put a thin cloth between the ice and your skin.
- Prop up a sore knee on a pillow when you ice it or anytime you sit or lie down for the next 3 days. Try to

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD.

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keep it above the level of your heart. This will help reduce swelling.

- If your doctor or other clinician recommends an elastic bandage, sleeve, or other type of support for your knee, wear it as directed.
- If your knee is not swollen, you can put moist heat, a heating pad, or a warm cloth on your knee.
- After several days of rest, you can begin gentle exercise of your knee.

Follow-up care is a key part of your treatment. Be sure to make any suggested appointments and go to all scheduled visits. Watch for signs that you are not getting better as expected, and call your doctor or other clinician if you have concerns.

When should you call 911?

If you think you are experiencing a medical emergency, call 911 immediately or seek other emergency services. Examples of symptoms that may be an emergency include:

You have sudden chest pain, shortness of breath, and cough up blood.

When should you call Kaiser Permanente?

- · You have increasing or severe pain.
- · You cannot move your knee.
- You cannot stand or put weight on your knee.
- · You have signs of infection, such as:
 - 1. Increased pain, swelling, warmth, or redness.
 - 2. Red streaks leading from the sore area.
 - 3. Pus draining from the area.
 - 4. Fever.
- You have signs of a blood clot, such as:
 - 1. Pain in your calf, back of knee, thigh, or groin.
 - 2. Redness and swelling in your leg or groin.
- You have bruises from a knee injury that last longer than 2 weeks.

How can you learn more about knee pain?

- Log on: members.kp.org. Search for knee pain in the Health encyclopedia.
- Look in: Kaiser Permanente Healthwise Handbook.

Your Kaiser Permanente Care Instructions adapted from Healthwise, Incorporated (c) 2005. All rights reserved.

Encounter-Level Documents: There are no encounter-level documents. Order-Level Documents: There are no order-level documents. Follow-up and Disposition Return in about 1 month (around 9/5/2020) for if not improving. Follow-up and Disposition History 08/05/2020 1001 - Do Kenyatta Dean Y, D O

O:scositions: Return

Return in about 1 month (around 9/5/2020) for if not improving.

All Flowsheet Data (all recorded)

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KAISER PERMANENTE

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TER MRN: 0947578, DOB: REYNOLDS Visit date: 8/5/2020

Menefee, Kellie L



All Flowsheet Data (all recorded) (continued)

No documentation.

END OF ENCOUNTER

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

Visit date: 8/24/2020 BLVD. **DULUTH GA 30096-4506** GA HIM ROI ALMR

Menefee, Kellie L



GUIDE TO DOCUMENTATION WITHIN THE MEDICAL RECORD

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ADMISSION DISCHARGE & TRANSFER (ADT) FACESHEET

- Hospital Account Information
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- Demographic Information
- Provider Information
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EMERGENCY DEPARTMENT (ED) AFTER VISIT SUMMARY DIAGNOSIS

After visit summary diagnosis for patient discharged from the Emergency Department

EMERGENCY DEPARTMENT (ED) VISIT DISPOSITION

Patient discharge disposition for patient seen in the Emergency Department

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Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/24/2020



EMERGENCY DEPARTMENT (ED) PATIENT INSTRUCTIONS

Instructions provided to patient seen in the Emergency Department

EMERGENCY DEPARTMENT (ED) PROVIDER NOTES

Physician provider notes provided to patient seen in the Emergency Department

HOSPITAL OUTPATIENT VISIT (HOV) PATIENT INSTRUCTIONS

Instructions provided to patient seen in an Outpatient Department

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Discharge summary notes for the encounter

HISTORY & PHYSICAL (H&P) NOTES

History and physical notes for the encounter

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Consultation notes for the encounter

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Procedure notes for the encounter

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Progress notes in date order from admission to discharge

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Initial assessment notes for the encounter

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Discharge planning initial assessment notes for the encounter

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD. DULUTH GA 30096-4506

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Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/24/2020



OPERATIVE SECTION

- OR surgeon notes
- Anesthesia Pre-op notes
- · Anesthesia Post-op notes
- Multi-Discipline Progress notes

PHYSICIAN ORDERS

Physician orders for the entire encounter

ALLERGIES

Allergy list with dates for the encounter

LAB RESULTS

- Legend for term 'Specimen' on Laboratory Results Report: The date/time listed after the heading "Specimen" is the <u>actual collection date/time</u> for the specific specimen noted
- Laboratory results for the encounter

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Radiology results for the encounter

PROBLEM LIST

Patient problems for the encounter

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Patient education for the encounter

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Patient multi-disciplinary problems with goals for the encounter

CARE PLAN EVENT LOG

Care plan event log for the encounter

GWINNETT MEDICAL
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BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Sex: F Visit date: 8/24/2020

INPATIENT FLOWSHEET

· Inpatient flowsheets for the encounter

MEDICATION ADMINISTRATION RECORD (MAR)

Medications ordered and administered for the encounter

IP DISCHARGE INSTRUCTIONS

Discharge instructions provided to patient

Visit Information				
Date & Time 8/24/2020 10:10 AM	Provider Md Mba Jeffrey R Root, M.D.	Department Gwinnett Surgery	Dept Phone 404-365-0966	Encounter # 129755439
Reason for Cali/Visit			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
HEMORRHOIDS	***************************************			
Encounter Information	on			
8/24/2020 10:10 AM		Department ffrey R Root, Gw Surgery SURG ANO RM	Encounter # 129755439	Center GWI
Call Documentation		***************************************		
No notes of this type	exist for this encounter.			
	exide for this endominer.			Most recent update: 8/24/2020 10:26
	Pulsa	Temp	Resp	F43
Vitals		Temp 98.8 °F (37.1 °C) (Oral)	Resp 18	MANAGEMENT AND THE PROPERTY OF
Vitals	Fulse 124			F43
Vitals 134/100 [†] Wt 187 lb 4.8 oz (85 kg)	Fulse 124			F43
Vitals 134/100 † Vit 187 lb 4.8 oz (85 kg) All ACC Notes	Pulse 124		18	F43

History of bleeding hemorrhoids. Referred for surgery consult. Fleg sig in 2018 reviewed with patient. Tags.

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KAISER PERMANENTE

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS BLVD.

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All ACC Notes (continued)

Progress Notes by Md Mba Jeffrey R Root, M.D. at 8/24/2020 10:55 AM (continued)

Version 1 of 1

Internal hemorrhoids. Consented for rubber band ligation. We discussed hemorrhoids previous phone appointment. Int v ext. Consented and agreed as first line procedural management.

Prone position on table. External tags. No hemorrhoids. Tissues soft. Internal one prominent with small blood noted on right posterior aspect. Other smaller. No other site of bleeding.

Rubber band deployed with suction- two bands deployed. Min bleeding, Inspected. Good result. No pain. Some pressure, Tolerated.

Follow up in 2-3 weeks re-eval for additional treatment if needed. Some oozing normal. Brochure on hemorrhoids provided. Thank you.

Encounter Messages No messages in this encounter Questionnaires No completed forms available for this encounter. Diagnosis Comments **BLEEDING INTERNAL HEMORRHOID** [517978] All Orders and Results No orders and results found Audit Trail for Eye Care Forms Medications the Patient Reported Taking Zolpidem (AMBIEN) 10 mg Oral Tab (Taking/Discontinued) ALPRAZolam (XANAX) 1 mg Oral Tab (Taking/Discontinued) levonorgestrel/ethin.estradiol (PORTIA 28) 0.15-0.03 mg Oral Tab (Taking) Escitalopram (LEXAPRO) 20 mg Oral Tab (Taking/Discontinued) Most Recent Medication Comments Vit E 10/09/15 SP Social Documentation as of 8/24/2020 No social documentation on file **Patient Instructions** No instructions given. **Encounter-Level Documents:** There are no encounter-level documents. Order-Level Documents: There are no order-level documents. All Flowsheet Data (all recorded)

Kaiser Permanente

Row Name 08/24/20 1024

08/24/20 1026

Encounter Vitals

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

BLVD. DULUTH GA 30096-4506

GA HIM ROI ALMR

Menefee, Kellie L MRN: 0947578, DOB: Visit date: 8/24/2020



All Flowsheet Data (all recorded) (continued)

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Puiss	124 -NV	_	······································
Resp	18 -NY		
Temp	98.8 °F (37.1 °C)	-137 —	
Temp sic	Oral Att		
Weight	187 lb 4.8 oz (85 k	(g) —	
*************************		•	
Height	5' 8" (1.727 m) 48	· –	······································
OTHER			
BP Location	LA-LEFT ARM -N	<u> </u>	***************************************

Custom Formula Data

Row Name	08/24/20 1024	08/24/20 1026
OTHER		
BSA (System Calcusted)	2.02 -03	
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Ideal Booy Weight (osiculated)	63.9 -//Y	

User Key

(r) = Recorded By	, (t) =	Taken By.	(c) =	Cosigned By	i
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***************************************	***************************************	***************************************
Initials Name	Effective Dates	Provider Type Discipline
NY Nakia Young Lpn	07/01/16 -	LICENSED PRACTICAL —
		NURSE

END OF ENCOUNTER

GWINNETT MEDICAL
OFFICE CENTER
3650 STEVE REYNOLDS

BLVD.

DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Visit date: 1/6/2021



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· Patient education for the encounter

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Patient multi-disciplinary problems with goals for the encounter

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Care plan event log for the encounter

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR Menefee, Kellie L MRN: 0947578, DOB: Visit date: 1/6/2021



INPATIENT FLOWSHEET

Inpatient flowsheets for the encounter

MEDICATION ADMINISTRATION RECORD (MAR)

Medications ordered and administered for the encounter

IP DISCHARGE INSTRUCTIONS

Discharge instructions provided to patient

Visit Information				
Date & Time 1/6/2021 3:00 PM	Provider Md Shrinesh Patel V, M.D.	Department Gwinnett Internal Medicine	Dept. Phone 404-365-0966	Encounter # 134618473
Reason for Call/Visit				
DIARRHEA	************************************		***************************************	
Encounter Information	on.			
Encounter Information	on Provider	Department	Encounter #	Center
Encounter Information 1/6/2021 3:00 PM	Provider	Department Patel V, M.D. Gw Internal Medicii		Center GWI

Progress Notes by Md Shrinesh Patel V, M.D. at 1/6/2021 3:22 PM

Version 1 of 1

Author: Md Shrinesh Patel V, M.D. Flied: 1/10/2021 12:53 PM Editor: Md Shrinesh Patel V, M.D. (Physician) Service; — Encounter Date: 1/6/2021 Author Type: Physician Status: Signed

TELEPHONE APPOINTMENT VISIT (TAV) -- 3:22 PM

Kellie L Menefee is a 55 year old female

Reason for TAV: covid 19

KPRFC001 01 4/26/2021 11:06:17 AM PAGE 34/092 Fax Server Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 21 of 42

KAISER PERMANENTE

GWINNETT MEDICAL OFFICE CENTER 3650 STEVE REYNOLDS

BLVD. DULUTH GA 30096-4506 GA HIM ROI ALMR

Menefee, Kellie L MRN: 0947578, DOB: Visit date: 1/6/2021



All ACC Notes (continued)

Progress Notes by Md Shrinesh Patel V, M.D. at 1/6/2021 3:22 PM (continued)

Version 1 of 1

PHONE VISIT DOCUMENTATION:

covid 19 + 2 days ago on kaiser test

She has poor appetite, not vomiting but slight nausea, +diarrhea 4-5 per day;

drinks water; fatique

No fevers, no body aches

No cough or sore throat; does have slight runny nose due to sinus issues

States has irritated hemorrhoid due to diarrhea

Takes vitamin D, zinc, vitamin C

ASSESSMENT:

Diagnoses considered during this encounter:

Encounter Diagnoses

Code Name Primary? • R11.0 NAUSEA R19.7 DIARRHEA

PLAN:

Orders Placed This Encounter

Procedure

- · Ondansetron 4 mg oral rap dis tab
- · K-tab 10 meg oral sr tab

Electronically signed by: Shrinesh V Patel, MD 1/6/2021 3:22 PM

Encounter Messages

No messages in this encounter

No completed forms available for this encounter.

Kaiser Permanente

Page 33

Patient Statement Inquiry

Patient: 140913539 - Menefee, Kellie L

Date	Туре	Description	Units	Amount
08-11-2020	97161	Evaluation, Low Complexity	1.00	172.0
	97530	Therapeutic Activities	1.00	68.0
	97535.59	Self Care/Home Management Training	1.00	68.00
	97110	Therapeutic Procedure	1.00	74.00
08-18-2020	97530.59	Therapeutic Activities	1.00	68.00
	97535.59	Self Care/Home Management Training	1.00	68.00
	97110.59	Therapeutic Procedure	1.00	74.00
	97140.59	Manual Therapy Techniques	1.00	70.00
	97150	Therapeutic Procedures, Group	1.00	40.00
_		_		
-	_	_		
09-25-2020	97164.59	Reevaluation	1.00	95.00
	97530.59	Therapeutic Activities	1.00	68.00
	97535.59	Self Care/Home Management Training	1.00	68.00
	97112	Neuromuscular Reeducation	1.00	66.00
	97110	Therapeutic Procedure	1.00	74.00
	97140	Manual Therapy Techniques	1.00	70.00
10-16-2020	97530.59	Activities	1.00	68.00
	97535.59	Self Care/Home Management Training	1.00	68.00
***************************************	97112	Neuromuscular Reeducation	1.00	66.00
	97110	Therapeutic Procedure	1.00	74.00

Patient Statement Inquiry

Patient: 140913539 - Menefee, Kellie L

Date	6. 3.	Description	Units	Amount
	97140	Manual Therapy Techniques	1.00	70.0
10-23-2020	97530.59	Therapeutic Activities	1.00	68.0
	97535.59	Self Care/Home Management Training	1.00	68.00
	97112	Neuromuscular Reeducation	1.00	66.00
	97110	Therapeutic Procedure	1.00	74.00
_	97140	Manual Therapy Techniques	1.00	70.00
11-20-2020	97530.59 97535.59	Therapeutic Activities Self Care/Home Management Training	1.00	68.00
	97112	Neuromuscular Reeducation	1.00	66.00
	97110	Therapeutic Procedure	1.00	74.00
_	97140	Manual Therapy Techniques	1.00	70.00
12-02-2020	97530.59	Therapeutic Activities	2.00	136.00
	97112	Neuromuscular Reeducation	1.00	66.00
	97140	Manual Therapy Techniques	1.00	70.00
2-04-2020	97530.59	Therapeutic Activities	2.00	136.00
	97112	Neuromuscular Reeducation	1.00	66.00
-	97140	Manual Therapy Techniques	1.00	70.00

Patient Statement Inquiry

Patient: 140913539 - Menefee, Kellie L

Date	Type Description	Units	Amount
			· -
_			
12-18-2020	97530.59 Activities	2.00	136.0
	97112 Neuromuscular Reeducation	1.00	66.00
-	97110 Therapeutic Procedure	1.00	74.0
	97140 Manual Therapy Techniques	1.00	70.00
	Total Charges on Account	nt:	3071.00
Anneason and the second			



Referral Summary

Referral Status: Authorized

Decision Date: Aug 5, 2020

Expiration Date: Feb 1, 2021

Medical Record #: 0947578

MENEFEE, KELLIE L

Aug 6, 2020 Referral date: 08/05/2020

Priority: Routine

Referral #: 205193769 Referred by: Do Kenyatta Dean V

Type: Outpatient Service Source Loc/POS: GWINNETT MEDICAL OFFICE *

To Provider: Physiotherapy Associates In* To Loc/POS: PHYSIOTHERAPY ASSOCIATES*

Specialty: Physical Therapy

Reason: Service Not Available at*

Visits:

Total Visits

Requested

1

Authorized

1

Scheduled

Used

AP Claims

Diagnosis Codes:

719.46 (ICD-9-CM) - M25.561 (ICD-10-CM) - RIGHT KNEE JOINT PAIN

Procedure codes:

(Canceled) 239236 - REFERRAL FAMILY PRACTICE EXTERNAL.

97161 (CPT®) - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS

97162 (CPT*) - PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS 97163 (CPT*) - PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS

97164 (CPT®) - PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS

Revenue codes:

Note Detail

Note Type: Letter

Entered By: WATT, TENILLE N.

on 08/05/2020

Summary: Auto: Notification Recipient List

Kellie L Menefee

Sent: Letter

Note Type: Letter

Entered By: WATT, TENILLE N.

on 08/05/2020

Summary: Auto: 86010-QRM MBR RFL FORM 2013-4

Kaiser Permanente Quality Resource Management Department 3495 Piedmont Road, NE Atlanta, GA 30305

8/5/20

KELLIE L MENEFEE 4787 CEDAR WOOD DR SW

Printed by SHEFFIELD, KAREN E [P808244]

LILBURN GA 30047-4294

This is an important notice informing you that a referral has been approved from Kenyatta V Dean, DO on 08/05/2020. Please see information below:

Member Name: KELLIE L MENEFEE

Member Home Phone:

Member Mobile Phone

Referred to Provider: PHYSIOTHERAPY ASSOCIATES INC

Special Member Instructions: To obtain the specialty service you have requested, please do the following:

? Make an appointment with your provider for the office visit, test, or procedure.

Matrix / Physiotherapy Associates Progressive Sports Medicine (H)- Hand Therapy (A)-Aquatic Therapy

Atlanta/West Paces (H) Atlanta 3200 Downwood Cir NW Ste 350 17 Executive Park South, STE 680 Atlanta, GA 30327 Atlanta, GA 30329 (404)355-2913/fax 404-351-1684 (404)364-9551/fax 404-261-0617

Atlanta/Lake Hearn (Spanish)(A) Cartersville 1100 Lake Hearn Dr. NE, Ste 130 695 Henderson Drive Atlanta, GA 30342 Cartersville, GA 30120 (404)303-0355/fax 404-303-7757 770-386-6300/fax 770-382-0491

Atlanta/Buckhead at 25th ST Atlanta/Windy Hill (Spanish) 1720 Peachtree St NW, Suite 422 1995 North park Place, SE, Suite 410 Atlanta, GA 30309 Atlanta, GA 30339 (404)733-1936/fax 404-733-1940 (770)850-0390/fax 770-818-9762

Acworth/Kennesaw Alpharetta/Duluth 3105 Creekside Village Dr., Suite 701 3680 Pleasant Hill Rd., Suite 101 Kennesaw, GA 30144 Duluth, GA 30096 (678)574-6868/fax 678-574-6141 (770)813-5575/fax 770-813-0032

Alpharetta/Windward Parkway Athens 488 North Main St., Ste 204 723 Baxter Str, Suite B Alpharetta, GA 30009 Athens, GA 30605 (770)619-5801/fax 770-619-5806 (706)355-3035/fax 706-355-3039

Buford/Lanier Buford/Sugar Hill 3919 Carter Rd., Suite A 4700 Nelson Brogdon Blvd. suite 240 Buford, GA 30518 Sugar Hill, GA 30518 (770)614-5772/fax 770-614-5991 (770)271-3188/ fax 770-271-3288

Carrollton (H) College Park (Spanish) (A) 1004 Bankhead Hwy., Bldg.A, Ste 5 1669 Phoenix Pkwy. Suite 102 Carrollton, GA 30017 College Park, GA 30349 (770)834-5609/ fax 770-834-8617 770- 907-1023 / fax 770-907- 5608

Printed by SHEFFIELD, KAREN E [P808244]

Conyers (H) Covington 1603 GA Hwy. 20, NE, Suite 201 9152 Highway 278 NE, Conyers, GA 30012 Covington, GA 30014 (770)929-8411/ fax 770-918-1419 (678)-342-9339/ fax 678-342-9319

Cumming (H) Dacula 100 Mountain View Dr., Ste 100 3605 Braselton Hwy., NE. Suite 101 Cumming, GA 30040 Dacula, GA 30019 (770)889-2163/ fax 770-889-4386 (770) 904-0772/ fax 770-904-0774

Dawsonville Decatur/Winn Way 400 Dawson Commons Circle, Ste 430 495 Winn Way, Suite 250 Dawsonville, GA 30534 Decatur, GA 30030 (706)265-8790/fax 706-265-8788 (404)294-1313/fax 404-294-1318

Decatur/Tucker (H) Douglasville (H)
1460 Montreal Road E, Suite 300 8509 Hospital Drive
Tucker, GA 30084 Douglasville, GA 30134
770-491-0920/ fax 770-491-0906 (770)947-5440/ fax 770-947-5445

Dunwoody Village (Spanish)(H) Evans
5513 Chamblee Dunwoody Rd, Suite 430 400 Town Park Blvd., Suite 100
Dunwoody, GA 30338 Evans, GA 30809
(770)551-9633/ fax 770-698-9184 (706)854-9850/fax 706-854-9870

Hiram Jonesboro (H)
76 Highland Pavillion Ct., Ste 185 335 Upper Riverdale Rd., Suite B10
Hiram, GA 30141 Jonesboro, GA 30236
(678)384-0844/fax 678-384-0845 (770)907-5743/ fax 770-907-5746

Lawrenceville (H)(A) Lilburn/Hwy 29 601-A Professional Dr., Suite 120 4024 Lawrenceville Hwy NW Suite 19&20 Lawrenceville, GA 30046 Lilburn, GA 30047 (770)513-0839/fax 770-513-7850 (770)931-8686/ fax 770-931-0462

Lilburn/Killian Hill Lithia Springs
966A Killian Hill Rd. 665 Thornton Way, Suite B
Lilburn, GA 30047 Lithia Springs, GA 30122
(770)923-4815/fax 770-923-0901 (770)739-5888/ fax 770-739-8877

Lithonia Loganville/Athens Hwy 5255 Snapfinger Park Dr., Ste 130 150 Athens Hwy., Suite 600 Decatur, GA 30035 Loganville, GA 30052 (770)322-7003/ fax 770-322-7630 (770)554-2307/ fax 770-554-2309

Marietta Marietta/Kennestone 1995 North Park Place, Ste 410 335 Roselane St., Suite 201 Atlanta, GA 30339 Marietta, GA 30060 (770)850.0390/fax 770-818.9762 (770)514-1410/fax 770-514-8510

Marietta/East Cobb (H)(A) McDonough 2155 Post Oak Tritt Rd., Ste 400 234 Jonesboro Road Marietta, GA 30062 McDonough, GA 30253 (770)565-4044/ fax 770-565-5653 (770)954-9631/ fax 770-914-8182

Newnan Norcross (Spanish)
40 Greenway Court 3945 Holcomb Bridge Road, Ste. 100
Newnan, GA 30265 Norcross, GA 30092
(770)502-0195/ fax 770-502-8729 (770)840-8045/ fax 770-840-8146

Peachtree City (H) Roswell (H) 3200 Shakerag Hill, Ste C 24 East Crossville Rd., Suite 150 Peachtree City, GA 30269 Roswell, GA 30075 (770)487-0760/ fax 770-487-0815 (678)822-0721/ fax 678-822-0724 8/6/2020

Smyrna/Vinings Stockbridge/Peridot Pkwy 4579 South Cobb Dr., Suite 100 9050 Peridot Pkwy., Suite E Smyrna, GA 30080 Stockbridge, GA 30281 (770)436-3665/ fax 770-436-0886 (770)474-0540/ fax 770-507-0506

Suwanee/John's Creek Woodstock (Spanish) (H) 4045 John's Creek Pkwy.,Bldg. B, Ste A 655 Molly Lane, Suite 100 Suwanee, GA 3024 Woodstock, GA 30189 (678)206-6061/ fax 678-206-6064 (770)517-1080/ fax 770-517-1083

1. Key Points to Remember

? Take with you to the appointment the attached referral and clinical information.

? The provider may cancel your appointment if you do not have a current referral for your appointment.

? Your referral is for the specific diagnosis or condition it states. If other related medical conditions arise, please see your primary care physician.

? Your referral is good for the days and visits specified.

If you have questions about your referral, please call your primary care physician.

Referral Number: 205193769

Priority: Routine

Begin Date: 08/05/2020

End Date: 02/01/2021

Visits:

Visits based on members benefit. Call Member Services Department at (404) 261-2590 OR 1-888-865-5813 or TTY/TDD 1-800-255-0056 to determine visits allowed.

Diagnoses:

719.46 (ICD-9-CM) - M25.561 (ICD-10-CM) - RIGHT KNEE JOINT PAIN

Procedures:

(Canceled) 239236 - REFERRAL FAMILY PRACTICE EXTERNAL.

97161 (CPT®) - PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS 97162 (CPT®) - PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS 97163 (CPT®) - PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS

97164 (CPT*) - PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS

Primary Care Physician: DEAN, DO, KENYATTA V

Member Office:

GWINNETT MEDICAL OFFICE CENTER [19]

Physician Comment Note:

Enter specific procedure/service requested and details for this EXTERNAL REFERRAL: right knee pain after fall, please evaluate and treat to alleviate pain

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- Provide no cost aids and services to people with disabilities to communicate effectively with us, such as:
- · Qualified sign language interpreters
- Written information in other formats, such as large print, audio, and accessible electronic formats
- Provide no cost language services to people whose primary language is not English, such as:
- · Qualified interpreters
- · Information written in other languages

If you need these services, call 1-888-865-5813 (TTY: 711)

If you believe that Kaiser Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by mail at: Member Relations Unit (MRU), Attn: Kaiser Civil Rights Coordinator, Nine Piedmont Center, 3495 Piedmont Road, NE Atlanta, GA 30305-1736. Telephone Number: 1-888-865-5813.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

HELP IN YOUR LANGUAGE

English

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ATTENTION: If you speak English, language assistance services, free of
charge, are available to you. Call 1-888-865-5813 (TTY: 711).
Amharic
??? ???? 1-888-865-5813 (TTY: 711).
Arabic
āáÍæÙÉ: ÁĐÇ GäÊ ÊÊÍÏË ÇÁÚÑÈÍÉ; ÝÅÄ ÎÏÃÇÊ ÇÁÃÔÇÚÏÉ ÇÁÁÚæÍÉ ÊÊæÇÝÑ ÁB
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.(711 :TTY) 1-888-865-5813
Chinese
1-888-865-5813?TTY?711??
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ÝÑÇåã ã? ÈÇÕÏ. ÈÇ (711 :TTY) 1-888-865-5813 ĒãÇÓ È□?Ñ?Ï.
ATTENTION: Si vous parlez français, des services d'aide linguistique vous
sont proposés gratuitement. Appelez le 1-888-865-5813 (TTY: 711).
ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche
Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-888-865-5813 (TTY: 711).
Gujarati
?????? ??? ???? ????? ???? ?? ??:????? ???? ????? ????? ?????
?????? ??. ??? ??? 1-888-865-5813 (TTY: 711).
Haitian Creole
ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib
gratis pou ou. Rele 1-888-865-5813 (TTY: 711).
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60577109_ACA_1557_MarCom_GA_2017_Taglines
Hindi
?????? ???? 1-888-865-5813 (TTY: 711) ?? ??? ?????
Japanese
***********************************
1-888-865-5813?TTY: 711??????????????????
Korean
??: ???? ????? ??, ?? ?? ???? ????? ? ????. 1-888-865-5813 (TTY: 711)
???? ???? ????.
Navajo
Díí baa akó nínízin: Díí saad bee yání³ti'go Dìné Bizaad, saad bee
áká'ánída'áwo'dé?é?', t'áá jiik'eh, éí ná hóló?, koji?' hódíílnih
1-888-865-5813
(TTY: 711).
Portuguese
ATENÇÃO: Se fala português, encontram-se disponíveis serviços
linguísticos, grátis. Ligue para 1-888-865-5813 (TTY: 711).
Russian
ÂÍÈÌÀÍÈÅ: ảñëè âû āîâîðèòå íà ðóññêîì ÿçûêå, òî âàì äîñòóïíû áåñïëàòíûå
óñĕóãè ïåðåâîãà. Çâîſèòå 1-888-865-5813 (TTY: 711).
Spanish
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de
asistencia lingüística. Llame al 1-888-865-5813 (TTY: 711).
Tagalog
PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga
serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-888-865-5813
(TTY: 711).
Vietnamese
CHÚ Ý: N?u b?n nói Ti?ng Vi?t, có các d?ch v? h? tr? ngôn ng? mi?n phí
dành cho b?n. G?i s? 1-888-865-5813 (TTY: 711).
```

60577109_ACA_1557_MarCom_GA_2017_Tagline

Note Type: QRM Initial Review *Entered By: WATT, TENILLE N. on 08/05/2020

Summary: Referral processed for PT

Referral processed for PT

Note Type: Provider Comments Entered By: DEAN, KENYATTA on 08/05/2020

Summary: Provider Comments

Enter specific procedure/service requested and details for this EXTERNAL

REFERRAL: right knee pain after fall, please evaluate and treat to

alleviate pain

Printed by SHEFFIELD, KAREN E [P808244]

CaseID: 00012021658157 Patient: Menefee, Kellie

BirthDate:

Injury Date: 08/05/2020 Admit Date: 08/10/2020 Responsible Clinician:

Current Visit: 1

PRO Instrument:

LEFS

Today's Score: 13.75 **FLR Gcode Modifier:**

80% to less than 100% impaired (CM)

08/11/2020
admit
1
CM:80%-< 100% impaired
13.75
11.00
0
0
0
1
2
0
2
0
0
0
0
0
0
0
4
0
0
0
0
2

Risk-Adjusted Predictors (RAPs)

Age: 54 Gender: F

Acuity: Acute (0-7 days Injury-Admit) Financial Services Class: HMO/PPO

Surgery Status: No Surgical Date found ? Verify Non-Surg

Body Part: No Dx found ? please complete in TS

Diagnostic Severity: No Dx found ? please complete in TS Functional Severity at Admit/Initial: 13.75 (see grid below)

The above RAPs are what was available when this survey was submitted. Please validate the above are accurate and complete, as PROjections below are based on these variables and values. If changes are to be made, make them in TherapySource, so future PRO's submitted for this patient case will therefore reflect a more accurate PROjection.



Responses in red are at the highest level of disability for this instrument.

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 32 of 42

The table above indicates the functional history for this case. TIP: Review not only the total score, but also the individual response

items in order to identify areas in need of improvement for focus in the POC and goal setting.

For more information/research about this measurement tool, please visit the Outcomes Research Library here.

Please note this is a ability index. As such, scores are expected to increase over the course of treatment.

The MDC for the LEFS = 11.25% points or 9 RAW points at C.I. of 90%



Patient Reported Outcomes (PRO) Report

Today's Visit: 08/11/2020



CaseID: 00012021658157
Patient: Menefee, Kellie
PRO Instrument: LEFS

Important Note: Until All RAP variables are complete(see top of page 1), the PROjections indicated on this page are not valid and may shift.

PROjection: Efficiency and Effectiveness

		Efficiency			
	PRO Score	GCode Modifier	MDC's Reached	Visits	
Admit/Initial	13.75	CM:80% -< 100% impaired	0	1	
This Visit	13.75	CM:80% -< 100% impaired	0	1	
PROjection	53.28	CK:40% -< 60% impaired	3	14	

provided per the large green dot on the chart.

PROjection: Trended Function to Date

The chart above indicates the current progression of functional ability/disability levels thru the progression of the patient case, per the scores on the patient reported outcome (PRO). The PROjection of the expected functional level at discharge has been

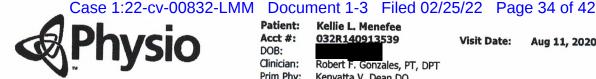
The table above indicates the PROjection values (in green) based on the Risk Adjusted Predictors (RAPs) identified on Page 1. It also indicates the actual values this patient achieved at admit (in white) as well as where they are currently (in blue).

The MDC (Mnimal Detectable Change) is the minimum amount of change in a patient's score that ensures the change isn't the result of measurement error. For the the MDC is undefined% points.

It should be noted that prediction tools based on retrospective data are meant to provide guidance for clinicians and patients, and are not at all intended to supersede a clinician's skilled assessment of the unique aspects of each patient case.

PROjections are in Beta testing, based on research conducted in 2015.





Physiotherapy Associates 966-A Killian Hill Road Lilburn, GA, USA, 30047

Phone: (770) 923-4815, Fax: (770) 923-0901

Patient: Kellie L. Menefee

Acct #: 032R140913539 DOB:

Clinician: Robert F. Gonzales, PT, DPT Prim Phy: Kenyatta V. Dean DO

Phy Phone: (404) 364-7000 Phy Fax: (770) 931-6036 Sec Phy: Not Specified Inj. Date: 7/31/2020

Surg. Date: Not Specified

Insured: Employer: Case Mgr: Visits:

Cxl/Ns:

Visit Date:

Not Specified None given

Aug 11, 2020

Not Specified 0

Initial Evaluation

Diagnosis

Right Knee

M25.561

Pain in right knee

General Information

Patient has been identified as a fall risk at the time of this evaluation therefore requiring close supervision in clinic.

History of Injury:

• Patient presents with R knee pain after suffering a fall at Wal-Mart due to a wet surface on July 31, 2020. Patient had an x-ray at urgent care, negative for fractures. patient had swelling and bruising. patient uses an ice pack and elevation to decrease the swelling. Patient has difficulty with stair navigation and requires use of rails. Antalgic gait and limited endurance to standing activities. no complaints of knee buckling since fall

Patient / Concerns / Goals:

Patient's goal is to get back to being normal

Subjective Examination

Right Knee

Chief Complaint: Pain: Severity:

 At Best At Worst

6/10 9/10

Mechanism of Injury:

• Primary Episode: Traumatic: Fell. **Rehabilitation Expectations/Goals:**

Return to Age Appropriate Activities: Unrestricted/Symptom Free.

ADL / Functional Status:

• Premorbid Status: ADL/ IADL: Independent Without Difficulty.

ADL / Functional Status: Current Status: ADL/ IADL: Activities:

 Climbing one step at a time and needs rails

 Driving/Traveling increased R knee pain immediately, has been limiting her driving Forward Bending

uses a reacher to gather items from the floor

 Housework- Light increased difficulty with laundry

 Transitional Activities activity modification when transitioning from a low surface

 Vacuum/Sweeping/Mopping increased pain with sweeping

 Walking increased pain after first 5 minutes

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, have been reviewed by the evaluating therapist, and are on

Functional Comorbidity Index: Body Measurements:

 Height (in) 67 Inches Weight (lbs) 160 Pounds

 Body Mass Index - Calculated 25.1

Objective Examination

Right Knee

 Extension Flexion

Range of Motion: Knee: Pre-Treatment:

Right AROM

115

Muscle Testing: Lower Extremity MMT:

Right



Physiotherapy Associates 966-A Killian Hill Road Lilburn, GA, USA, 30047

Phone: (770) 923-4815, Fax: (770) 923-0901

Patient: Kellie L. Menefee

Acct #: 032R140913539

DOB: Clinician: Robert F. Gonzales, PT, DPT

Prim Phy: Kenyatta V. Dean DO Phy Phone: (404) 364-7000

Phy Fax: (770) 931-6036 Not Specified Sec Phy: Inj. Date: 7/31/2020 Surg. Date: Not Specified

one step at a time and needs rails

increased difficulty with laundry

increased pain after first 5 minutes

increased pain with sweeping

uses a reacher to gather items from the floor

Insured: Employer: Case Mgr:

increased R knee pain immediately, has been limiting her driving

activity modification when transitioning from a low surface

Visit Date:

Not Specified None given Not Specified

Aug 11, 2020

Visits: CxI/Ns: 0

Plan of Care

Diagnosis

Right Knee

M25.561

Pain in right knee

Subjective Examination

Right Knee

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file.

ADL / Functional Status:

Premorbid Status: ADL/ IADL: Independent Without Difficulty.

ADL / Functional Status: Current Status: ADL/ IADL: Activities:

Climbing

Driving/Traveling

Forward Bending

• Housework- Light Transitional Activities

Vacuum/Sweeping/Mopping

Walking

Chief Complaint: Pain: Severity:

At Best

At Worst

Functional Comorbidity Index: Body Measurements:

• Height (in) Weight (lbs)

Body Mass Index - Calculated

Mechanism of Injury:

 Primary Episode: Traumatic: Fell. Rehabilitation Expectations/Goals:

Return to Age Appropriate Activities: Unrestricted/Symptom Free.

Assessment

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

6/10

9/10

25.1

67 Inches

160 Pounds

patient presents with muscle guarding during PROM and patellar joint assessment. patient with tenderness near quad tendon and with increased muscle tightness at gastroc and soleus. patient with altered gait mechanics and limited tolerance to ADLs that require standing or walking. patient with pain during sit to stand transfers and picking up objects from the floor. patient will benefit from therapy to progress functional mobility closer to baseline with less pain during ADLs

Recommendations:

• Decrease Pain. Improve Balance. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength.

Problems & Goals

Right Knee

Problem #1

Range of Motion: Knee: Pre-Treatment.

Extension

Flexion

Right AROM

1

115

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Patient: Acct #:

DOB:

Kellie L. Menefee

032R140913539

Visit Date: Aug 11, 2020

LTG Achieve by Sep 22, 2020.

Range of Motion Improvements to: Knee:

Right AROM

ExtensionFlexion

125

Problem #2

Muscle Testing: Lower Extremity MMT.	Right
Hip Abduction:	-4/5
Hip Flexion	3/5
Knee Extension	+3/5
Knee Flexion	+3/5

LTG Achieve by Sep 22, 2020.

Musculoskeletal Improvements In: Lower Extremity Strength to:	Right
Hip Abduction:	+4/5
Hip Flexion	+4/5
Knee Extension	5/5
Knee Flexion	5/5

Problem #3

ADL / Functional Status: Current Status: ADL/ IADL: Activities.

ClimbingDriving/Traveling

Forward Bending
Housework- Light
Transitional Activities

Vacuum/Sweeping/Mopping

Walking

one step at a time and needs rails

increased R knee pain immediately, has been limiting her driving

uses a reacher to gather items from the floor

increased difficulty with laundry

activity modification when transitioning from a low surface

increased pain with sweeping increased pain after first 5 minutes

LTG Achieve by Sep 22, 2020.

ADL Improvements In: Activities:

Climbing
 Driving/Traveling
 Forward Bending

Housework- LightTransitional Activities

Walking

able to ascend/descend stairs with reciprocal pattern will be able to drive for 30 minutes without increase in pain

will be able to get item from floor < 5 lbs without increase in pain

will be able to get laundry out without increase in pain

will be able to perform sit to stand without use of UEs and no increase in pain $% \left\{ 1,2,...,n\right\}$

will be able to walk for 30 minutes without increase in pain

Problem #4

Chief Complaint: Pain: Severity.

• At Best 6/10 • At Worst 9/10

LTG Achieve by Sep 22, 2020. at worst

Symptomatic Improvements:

• Decreasing Pain: to 3/10.

Problem #5

Gait/Locomotion: Antalgic gait. decreased stance time on R LE and asymmetrical step length

LTG Achieve by Sep 22, 2020.

Improve Gait/Weight Bearing:

• To Normal/Unassisted Levels.

Plan

Right Knee

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Document ID: 78800E2D.002 Robert F. Gonzales, PT, DPT,PT(GA Lic: PT013172)

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 37 of 42

Patient: Acct #:

DOB:

Kellie L. Menefee

032R140913539

Visit Date: Aug 11, 2020

Amount, Frequency and Duration:

Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 6
weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

Therapeutic Contents:

Active Assistive Range of Motion Activities. Active Range of Motion Activities. Client Education. Gait Training. Group Therapy. Home
Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities. Manual Therapy Techniques. Joint Protection.
Modalities: As Needed. Neural Mobilization Techniques. Neuromuscular Re-education. Passive Range of Motion Activities.
Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility
Activities. Therapeutic Activities. Therapeutic Exercise.

120

Robert F. Gonzales, PT, DPT, PT(GA Lic: PT013172) Signed on Aug 11, 2020 14:12:05

Please Sign and Return				
I have reviewed the Plan of Care esta provided while the patient is under m	blished for skilled therapy y care.	services and certify that the services are rec	quired and tha	at they will be
Comments/Revisions			-	
Kenyatta V. Dean DO	Date	Print Name and Credentials		
Patient: Kellie L. Menefee		Fa	DOB:	Nov 08, 1965 (770) 923-0901

Document ID: 78800E2D.002 Robert F. Gonzales, PT, DPT,PT(GA Lic: PT013172)

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 38 of 42

Patient:
Acct #:

Kellie L. Menefee

032R140913539

DOB:

Visit Date: Aug 11, 2020

LTG Achieve by Sep 22, 2020.

Improve Gait/Weight Bearing:

• To Normal/Unassisted Levels.

<u>Plan</u>

Right Knee

Therapeutic Contents:

Active Assistive Range of Motion Activities. Active Range of Motion Activities. Client Education. Gait Training. Group Therapy. Home
Exercise Program. Joint Mobilization Techniques. Manual Range of Motion Activities, Manual Therapy Techniques. Joint Protection.
Modalities: As Needed. Neural Mobilization Techniques. Neuromuscular Re-education. Passive Range of Motion Activities.
Proprioceptive/Closed Kinetic Chain Activities. Self Care/Home Management. Soft Tissue Mobilization Techniques. Stretching/Flexibility
Activities. Therapeutic Activities. Therapeutic Exercise.

Amount, Frequency and Duration:

• Frequency and Duration: It is recommended that the patient attend rehabilitative therapy for 2 visits a week with an expected duration of 6 weeks. The outlined therapeutic procedures and services in the plan of care will address the problems and goals identified.

The goals and plan were discussed with the patient and/or family and they concur. The patient and/or family were instructed to call therapist regarding problems or questions. The patient was instructed in the independent performance of a home exercise program that addresses the problems and achieving the goals outlined in the plan of care.

Robert F. Gonzales, PT, DPT, PT(GA Lic: PT013172) Signed on Aug 11, 2020 14:12:05

Document ID: 78800E2D.001

Robert F. Gonzales, PT, DPT,PT(GA Lic: PT013172)

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 39 of 42

Patient: Acct #:

Kellie L. Menefee

Visit Date:

032R140913539 Aug 11, 2020 DOB: • Hip Abduction: -4/5 Hip Flexion 3/5 Knee Extension +3/5 Knee Flexion +3/5 Special Tests: Knee: Musculoskeletal: Ligamentous/Capsular: Right Anterior Drawer Negative Posterior Drawer Negative Valgus - 0 deg Negative • Varus - 0 deg Negative Joint Integrity/Mobility: Knee: **Right** Inferior Patellar Glide Normal • Lateral Patellar Glide Hypomobile/Painful Medial Patellar Glide Hypomobile/Painful Superior Patellar Glide Hypomobile/Painful Gait/Locomotion: Antalgic gait. decreased stance time on R LE and asymmetrical step length Palpation: Musculature: Tenderness: Right Gastroc Muscle Belly 1=Complaint of pain Hamstring Muscle Belly 0=No tenderness noted Quadriceps 1=Complaint of pain **Treatments** Right Knee **Therapy Session Time** Therapy Session Start Time 08/11/2020 01:00 AM Therapy Session Stop Time 08/11/2020 02:00 AM Total Therapy Session Time 60 Minutes Pt./Family Education: Patient Education 1 Time Elapsed: 15 Minutes, Description: edu on HEP, handout provided, role of therapy, POC, frequency, symptoms, exercise rationale, Charge As: Self Care / Home Mgt Training, Performed by: Robert F Gonzales, PT, DPT, 15 Minutes. **Exercise Activities: Aerobic Conditioning:** Recumbent Bicycle Time Elapsed: 5 Minutes, Level: 0, Charge As: Therapeutic Activities, Performed by: Robert F Gonzales, PT, DPT, 5 Minutes. **Modalities:** Moist Hot Pack Time Elapsed: 8 Minutes, Location: Anterior/Posterior, Clinical Use: Pre Activity, Charge As: No Charge, Performed by: Robert F Gonzales, PT, DPT, 8 Minutes. **Exercise Activities: Range of Motion:** Heel Slides Time Elapsed: 3 Minutes, Type: Active-Assisted, Additional Detail: with green strap, Charge As: Therapeutic Exercise, Performed by: Robert F Gonzales, PT, DPT, 3 Minutes. **Exercise Activities: Isotonics:** · Heel Raises. Time Elapsed: 3 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Activities, Performed by: Robert F Gonzales, PT, DPT, 3 Minutes. Straight Leg Raises - Flexion Time Elapsed: 3 Minutes, Position: Supine, Charge As: Therapeutic Activities, Performed by: Robert F Gonzales, PT, DPT, 3 Minutes. **Exercise Activities: Flexibility:**

Documented Procedural Code Summary: Description Code

Units **Minutes**

Time Elapsed: 3 Minutes, Side: R, Technique: Passive, Subtalar Position: neutral, Body Position: Standing, Charge As: Therapeutic Exercise, Performed by: Robert F Gonzales, PT, DPT, 3 Minutes.

Document ID: 78800E2D.001 Robert F. Gonzales, PT, DPT, PT(GA Lic: PT013172)

Gastrocnemius Muscle

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 40 of 42

		Patient: Acct #: DOB:		e L. Menefee R140913539	Visit Date:	Aug 11, 2020	
 Evaluation, Low Complexity 	97161		1	n/a			
 Self Care/Home Management Training 	97535		1	15			
 Therapeutic Activities 	97530		1	11			
Therapeutic Procedure	97110		1	6			

Assessment

Recommendations:

• Decrease Pain. Improve Balance. Improve Function. Improve Motor Control. Increase Range of Motion. Increase Strength.

The patient requires skilled physical therapy to address the problems identified, and to achieve the individualized patient goals as outlined in the problems and goals section of this evaluation. Overall rehabilitation potential is good. The patient was educated regarding their diagnosis, prognosis, related pathology & plan of care. The patient demonstrates a good understanding of the risks, benefits, precautions/contraindications, & prognosis of their skilled rehabilitation program.

patient presents with muscle guarding during PROM and patellar joint assessment. patient with tenderness near quad tendon and with increased muscle tightness at gastroc and soleus. patient with altered gait mechanics and limited tolerance to ADLs that require standing or walking. patient with pain during sit to stand transfers and picking up objects from the floor. patient will benefit from therapy to progress functional mobility closer to baseline with less pain during ADLs

Problems & Goals

Right Knee

Problem #1

Range of Motion: Knee: Pre-Treatment.

LTG Achieve by Sep 22, 2020.

Range of Motion Improvements to: Knee:	Right AROM
• Extension	0
Flexion	125

Problem #2

Muscle Testing: Lower Extremity MMT.

LTG Achieve by Sep 22, 2020.

Musculoskeletal Improvements In: Lower Extremity Strength to:	Right
Hip Abduction:	+4/5
Hip Flexion	+4/5
Knee Extension	5/5
Knee Flexion	5/5

Problem #3

ADL / Functional Status: Current Status: ADL/ IADL: Activities.

LTG Achieve by Sep 22, 2020.

ADL Improvements In: Activities:

Climbing
Driving/Traveling
Forward Bending
Housework- Light
Transitional Activities

able to ascend/descend stairs with reciprocal pattern will be able to drive for 30 minutes without increase in pain will be able to get item from floor < 5 lbs without increase in pain will be able to get laundry out without increase in pain will be able to perform sit to stand without use of UEs and no increase in pain will be able to walk for 30 minutes without increase in pain

• Walking **Problem #4**

Chief Complaint: Pain: Severity.

LTG Achieve by Sep 22, 2020. at worst

Symptomatic Improvements:

• Decreasing Pain: to 3/10.

Problem #5

Gait/Locomotion: Antalgic gait. decreased stance time on R LE and asymmetrical step length

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Physiotherapy Associates 966-A Killian Hill Road Lilburn, GA, USA, 30047

Phone: (770) 923-4815, Fax: (770) 923-0901

Patient: Kellie L. Menefee Acct #: 032R140913539

DOB:

Robert F. Gonzales, PT, DPT Clinician:

Prim Phy: Kenyatta V. Dean DO (404) 364-7000 Phy Phone: Phy Fax: (770) 931-6036 Not Specified Sec Phy: Inj. Date: 7/31/2020

Surg. Date: Not Specified

Insured: Employer: Case Mgr: Visits:

Cxl/Ns:

Visit Date:

Not Specified None given

Aug 18, 2020

Not Specified 2

0

Daily Note

Diagnosis

Right Knee

M25.561

Pain in right knee

General Information

Patient has been identified as a fall risk at the time of this evaluation therefore requiring close supervision in clinic.

History of Injury:

• Patient presents with R knee pain after suffering a fall at Wal-Mart due to a wet surface on July 31, 2020. Patient had an x-ray at urgent care, negative for fractures. patient had swelling and bruising. patient uses an ice pack and elevation to decrease the swelling. Patient has difficulty with stair navigation and requires use of rails. Antalgic gait and limited endurance to standing activities. no complaints of knee buckling since fall

Patient / Concerns / Goals:

Patient's goal is to get back to being normal

Subjective Examination

Right Knee

Chief Complaint: Pain: Severity:

6/10 At Best 9/10 At Worst

Mechanism of Injury:

 Primary Episode: Traumatic: Fell. Rehabilitation Expectations/Goals:

Return to Age Appropriate Activities: Unrestricted/Symptom Free.

ADL / Functional Status:

• Premorbid Status: ADL/ IADL: Independent Without Difficulty.

ADL / Functional Status: Current Status: ADL/ IADL: Activities:

 Climbing one step at a time and needs rails

increased R knee pain immediately, has been limiting her driving Driving/Traveling

 Forward Bending uses a reacher to gather items from the floor

• Housework- Light increased difficulty with laundry

activity modification when transitioning from a low surface Transitional Activities

increased pain with sweeping Vacuum/Sweeping/Mopping increased pain after first 5 minutes

The medical history questionnaire has been completed and signed by the patient, reviewed by the evaluating therapist, and is on file. The patient has read and signed the Patient Rights and Consent for Treatment forms, have been reviewed by the evaluating therapist, and are on file.

Functional Comorbidity Index: Body Measurements:

· Height (in) 67 Inches 160 Pounds Weight (lbs) • Body Mass Index - Calculated 25.1

Objective Examination

Right Knee

Right AROM Range of Motion: Knee: Pre-Treatment: Extension

115 Flexion

Right Muscle Testing: Lower Extremity MMT:

Document ID: 78800E2D.003 Robert F. Gonzales, PT, DPT, PT(GA Lic: PT013172) Status: Signed off (secure electronic signature)

Page 1 of 3

Case 1:22-cv-00832-LMM Document 1-3 Filed 02/25/22 Page 42 of 42

Patient: Kellie L. Menefee

Acct #: 032R140913539 **Visit Date:** Aug 18, 2020

DOB:

Hip Abduction:	-4/5
Hip Flexion	3/5
Knee Extension	+3/5
Knee Flexion	+3/5
Special Tests: Knee: Musculoskeletal: Ligamentous/Capsular:	Right
Anterior Drawer	Negative

Posterior Drawer

 Valgus - 0 deg Varus - 0 deg

Joint Integrity/Mobility: Knee:

• Inferior Patellar Glide • Lateral Patellar Glide Medial Patellar Glide

 Superior Patellar Glide **Gait/Locomotion:**

Antalgic gait. decreased stance time on R LE and asymmetrical step length

Palpation: Musculature: Tenderness:

 Gastroc Muscle Belly Hamstring Muscle Belly

Quadriceps

Right

Negative

Negative

Negative

Right

Normal

1=Complaint of pain 0=No tenderness noted 1=Complaint of pain

Hypomobile/Painful

Hypomobile/Painful

Hypomobile/Painful

Treatments

Right Knee

Pt./Family Education:

Patient Education 1

Time Elapsed: 4 Minutes, Description: review of HEP, Charge As: Self Care / Home Mgt Training, Performed by: Robert F Gonzales, PT, DPT, 4 Minutes.

Exercise Activities: Aerobic Conditioning:

Recumbent Bicycle(8' performance)

Modalities:

Cryotherapy

Moist Hot Pack(This visit)

Exercise Activities: Range of Motion:

Heel Slides(This visit)

Exercise Activities: Isotonics:

Heel Raises.(3' performance)

Straight Leg Raises - Flexion

Straight Leg Raises-Abduction(4' performance)

Exercise Activities: Flexibility:

Gastrocnemius Muscle(4' performance)

Hamstring Muscle(4' performance)

Time Elapsed: 1 Minutes, Level: 0, Charge As: Therapeutic Activities, Performed by: Robert F Gonzales, PT, DPT, 1 Minutes.

Time Elapsed: 6 Minutes, Location: Anterior/Posterior, Clinical Use: Post Activity, Charge As: No Charge, Performed by: Robert F Gonzales, PT, DPT, 6 Minutes.

Did Not Perform: This visit

Did Not Perform: This visit

Time Elapsed: 1 Minutes, Weight - Pounds: Body Weight Pounds, Charge As: Therapeutic Activities, Performed by: Robert F Gonzales, PT, DPT, 1 Minutes.

Time Elapsed: 4 Minutes, Weight - Pounds: 1 Pounds, Position: Supine, Group Therapy, Charge As: Group Therapy, Performed by: Robert F Gonzales, PT, DPT, 4 Minutes.

Time Elapsed: 1 Minutes, Weight - Pounds: 1 Pounds, Position: Sidelying, Charge As: Therapeutic Exercise, Performed by: Robert F Gonzales, PT, DPT, 1 Minutes.

Time Elapsed: 1 Minutes, Side: R, Technique: Passive, Subtalar Position: neutral, Body Position: Standing, Charge As: Therapeutic Exercise, Performed by: Robert F Gonzales, PT, DPT, 1 Minutes. Time Elapsed: 1 Minutes, Technique: Active, Body Position: Supine, Hold.: 10 Seconds, Charge As: Therapeutic Exercise, Performed by:

Robert F Gonzales, PT, DPT, 1 Minutes.

Therapy Session Time

Document ID: 78800E2D.003 Robert F. Gonzales, PT, DPT, PT(GA Lic: PT013172)